

POSITION	ID NO.	DATE
CLASSIFIER	10	2-3-97
EXAMINER	?	
TYPIST	44224	2/10
VERIFIER		
CORPS CORR.		
SPEC. HAND		
FILE MAINT.		
DRAFTING		

## INDEX OF CLAIMS

Claim	Date
Final	
Original	
1	✓
2	
3	
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5	
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7	✓
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10	
11	✓
12	✓
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SYMBOLS

✓	Rejected
=	Allowed
-	(Through number) Canceled
+	Restricted
N	Non-elected
I	Interference
A	Appeal
O	Objected

Claim	Date
Final	
Original	
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